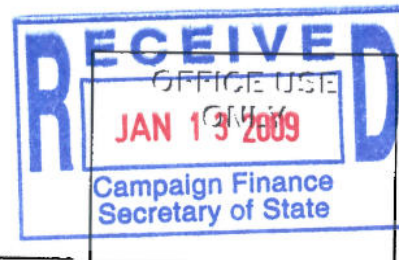


CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Candidate Walter L. Robinson, Jr.  
Address P.O. Box 249 County Hinds  
Telephone (Work) 601-866-7011 (Home) 601-866-7973 (Fax) \_\_\_\_\_  
Contact Name Walter Robinson Email Address \_\_\_\_\_  
Office Sought State Rep. Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☒ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☐ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	\$ 5,000.00 + \$ 200.00	\$ 5,200.00	\$ 8,300.00
Total amount of disbursements \$	+ \$ 3,210.00	\$ 3,210.00	\$ 3,210.00
Total amount of cash on hand \$		\$ 5,090.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Walter Robinson (Signature of Candidate) 1-13-09 (Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 13 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Independent Insurance agent of Miss</i>		<i>5/11/08</i>	\$ <i>500.00</i>
Mailing Address <i>124 Lincoln Drive</i>		<i>1/1/</i>	\$
City, State, Zip Code <i>Rockton, MS 39232</i>		<i>1/1/</i>	\$
Name of Employer (Required) <i>Clinton A. Nelson</i>		<i>1/1/</i>	\$
Occupation (Required) <i>Insurance agent</i>		Aggregate year-to-date	\$ <i>500.00</i>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Southern Farm Bureau Life Ins Co.</i>		<i>5/16/08</i>	\$
Mailing Address <i>P.O. Box 78</i>		<i>1/1/</i>	\$
City, State, Zip Code <i>Rockton, MS 39205</i>		<i>1/1/</i>	\$
Name of Employer (Required) <i>Marshall Howe Jr.</i>		<i>1/1/</i>	\$
Occupation (Required) <i>Insurance agent</i>		Aggregate year-to-date	\$ <i>500.00</i>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Miss physician</i>		<i>5/12/08</i>	\$
Mailing Address <i>404 West Parkway, Jena</i>		<i>1/1/</i>	\$
City, State, Zip Code <i>Rockton, MS 39157</i>		<i>1/1/</i>	\$
Name of Employer (Required) <i>C.R. Montgomery</i>		<i>1/1/</i>	\$
Occupation (Required)		Aggregate year-to-date	\$ <i>500.00</i>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Duff Deveraux Life Ins</i>		<i>5/12/08</i>	\$ <i>250.00</i>
Mailing Address <i>P.O. Box 12409</i>		<i>1/1/</i>	\$
City, State, Zip Code <i>Rock, MS</i>		<i>1/1/</i>	\$
Name of Employer (Required) <i>John Collier</i>		<i>1/1/</i>	\$
Occupation (Required) <i>Physician</i>		Aggregate year-to-date	\$ <i>250.00</i>



Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mr. Monaghan, Jr.</i>	<i>5/29/08</i>	\$ <i>250.00</i>
Mailing Address <i>PO Box 22607</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Let Mr.</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>Ray Meon</i>	<i>1/1/</i>	\$
Occupation (Required) <i>Director</i>	Aggregate year-to-date	\$ <i>250.00</i>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Miss Corbett, Ann.</i>	<i>5/29/08</i>	\$ <i>250.00</i>
Mailing Address <i>6700 Old Canton Road</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Ridgely, Md.</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>William Ryan</i>	<i>1/1/</i>	\$
Occupation (Required) <i>Private</i>	Aggregate year-to-date	\$ <i>250.00</i>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>The Fuler Group</i>	<i>5/29/08</i>	\$ <i>250.00</i>
Mailing Address <i>6300 I-55</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Let Mr.</i>	<i>1/1/</i>	\$
Name of Employer (Required)	<i>1/1/</i>	\$
Occupation (Required) <i>Lobbyist</i>	Aggregate year-to-date	\$ <i>250.00</i>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Miss Healy, Corl Ann.</i>	<i>5/29/08</i>	\$ <i>500.00</i>
Mailing Address <i>114 Market Ridge Drive</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Ridgely, Md.</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>Beck Day</i>	<i>1/1/</i>	\$
Occupation (Required) <i>Lobbyist</i>	Aggregate year-to-date	\$ <i>500.00</i>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Min Rental &amp; Political Action Committee</i>	<i>8/5/08</i>	\$ <i>500</i>
Mailing Address <i>2630 Ridgewood Road</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Lees, MS</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>W. Craig Martin</i>	<i>1/1/</i>	\$
Occupation (Required) <i>Chairman</i>	Aggregate year-to-date	\$ <i>500.00</i>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>AT&amp;T</i>	<i>2/2/08</i>	\$ <i>250.00</i>
Mailing Address <i>175 East Capitol St</i>	<i>10/2/08</i>	\$ <i>250.00</i>
City, State, Zip Code <i>Lees, MS</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>Kang Korrell</i>	<i>1/1/</i>	\$
Occupation (Required)	Aggregate year-to-date	\$ <i>500.00</i>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>United Health Care, Inc</i>	<i>5/14/08</i>	\$ <i>500.00</i>
Mailing Address <i>P.O. Box 1459</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Minneapolis, MN 55440</i>	<i>1/1/</i>	\$
Name of Employer (Required)	<i>1/1/</i>	\$
Occupation (Required)	Aggregate year-to-date	\$ <i>500.00</i>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Chad Lubertson</i>	<i>10/6/08</i>	\$ <i>500.00</i>
Mailing Address <i>4708 Hillside Ave</i>	<i>1/1/</i>	\$
City, State, Zip Code <i>Knoxville, TN</i>	<i>1/1/</i>	\$
Name of Employer (Required) <i>Lebanon Army Group</i>	<i>1/1/</i>	\$
Occupation (Required) <i>Regional Director</i>	Aggregate year-to-date	\$ <i>500.00</i>